

**COUNTY OF TEHAMA**  
**STATE OF CALIFORNIA**  
**CLAIM / AUTHORIZATION FOR RELEASE OF FUNDS**

AUDITORS USE ONLY	
COUNTY CLAIM No:	
VENDOR No: 1324910	KP & VERIFIED:

CLAIMANT'S NAME Benjamin E. Magid  
 ADDRESS PO Box 2965  
Weaverville, CA 96093

PURCHASE ORDER / AGREEMENT No.:

DEPARTMENT:

FUND / DEPT.	PROJECT No.	ACCT. No.	WARRANT DESCRIPTION (25 positions)	AMOUNT
106-2026	5323013		Case 24JU0094	\$2,720.00
DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED			TOTAL
10/24/2024	Appointment of Conflict Counsel			\$2,720.00

<p><b>Original: Auditor</b>  <b>Copy 1: Claims File</b>  <b>Copy 2:</b>  <b>Copy 3:</b></p>	<p><u>Purchase Order Required:</u>                  o Supplies over allowed maximum                  o Supplies + labor or installation charges                  o One-time services (insurance must be on file)                  o Write P.O. Number above &amp; attach to claim.</p>	<p><u>Agreement Required:</u>                  o All services except one-time                  o Certificate of Insurance must be on file                  o Write Agreement Number above.</p>
---	--	--

Under penalty of perjury, I certify that the above claim, and the items and statements as herein set forth, are true and correct; that no part has been paid, that the amount therein is justly due, and that the same is presented within one year after the last item thereof has accrued.

AUDITORS USE ONLY	
I hereby certify that the above claim was examined and approved by this office.  Krista Peterson Auditor-Controller	
By	Deputy County Auditor
BOARD OF SUPERVISORS	
Approved:	
Date	
Chairman	

CLAIMANT *Benjamin E. Magid*

I hereby certify under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. Code. Furthermore, that the articles of services specified in the above claim were necessary and were ordered by me for use by the department and for the purpose indicated above and were delivered or performed as stated hereon except as otherwise indicated by me.

SIG: *Krista Peterson*      10/28/2024  
 Department Head or Authorized Signature / Date